

# Protocol for Students Returning to School



## If you have...

## You may return...

<p>COVID-19 related symptom(s) <b>AND</b> Not tested</p>	➡➡	<p>10 days after onset of symptoms if fever free (without fever reducing medication) and with improvement of symptoms for 3 days (72 hours)</p>
<p>COVID-19 related symptom(s) <b>AND</b> Tested negative</p>	➡➡	<p>With symptom improvement, including being fever free for 24 hours (without fever reducing medication) <b>AND</b> With a note from a healthcare provider indicating the test was negative <b>OR</b> Provide a copy of the negative test result</p>
<p>No COVID-19 related symptoms (asymptomatic) <b>AND</b> Tested positive</p>	➡➡	<p>Upon release from isolation by the Tompkins County Health Department or the local health department of residence</p>
<p>Known COVID-19 exposure</p>	➡➡	<p>Upon release from quarantine by the Tompkins County Health Department (14 days from date of exposure)</p>
<p>A member of your household with COVID- 19 related symptoms</p>	➡➡	<p>If you remain symptom free <b>AND</b> The person with covid-like symptoms tests negative for covid-19</p>
<p>COVID-19 related symptoms <b>AND</b> Previous exclusion for the same symptoms</p>	➡➡	<p>With healthcare provider note diagnosing underlying chronic condition, including previous negative COVID-19 test</p>
<p>Traveled to a state with significant rates of COVID-19*</p>	➡➡	<p>After 14 days of self-quarantine</p>

\*See NYS COVID-19 travel advisory: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>

# Protocol for Staff Returning to Work



## If you have...

## You may return...

<p>COVID-19 related symptom(s) <b>AND</b> Not tested</p>	<p>➡➡</p>	<p>10 days after onset of symptoms if fever free (without fever reducing medication) and with improvement of symptoms for 3 days (72 hours)</p>
<p>COVID-19 related symptom(s) <b>AND</b> Tested negative</p>	<p>➡➡</p>	<p>With symptom improvement, including being fever free for 24 hours (without fever reducing medication) <b>AND</b> With a note from a healthcare provider indicating the test was negative <b>OR</b> Provide a copy of the negative test result</p>
<p>No COVID-19 related symptoms (asymptomatic) <b>AND</b> Tested positive</p>	<p>➡➡</p>	<p>Upon release from isolation by the Tompkins County Health Department or local health department of residence</p>
<p>Known COVID-19 exposure</p>	<p>➡➡</p>	<p>Upon release from quarantine by the Tompkins County Health Department or local health department of residence (14 days)</p>
<p>A member of your household with COVID-19 related symptoms</p>	<p>➡➡</p>	<p>If you remain symptom free <b>AND</b> The person with covid-like symptoms tests negative for covid-19</p>
<p>Traveled to a state with significant rates of COVID-19*</p>	<p>➡➡</p>	<p>After 14 days of self-quarantine</p>

\*See NYS COVID-19 travel advisory: <https://coronavirus.health.ny.gov/covid-19-travel-advisory>